

**2017 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

**PERMANENT INTERMITTENT EMPLOYEES, PROVISIONAL EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK LESS  
THAN 20 HOURS PER WEEK**

PLAN/COVERAGE DESCRIPTION		2017 TOTAL MONTHLY PREMIUM	2017 LIFE INSURANCE PREMIUM	2017 EMPLOYEE MONTHLY SHARE
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>				
Employee on Basic Plan		\$717.57	\$1.25	\$718.82
Employee & 1		\$1,435.13	\$1.25	\$1,436.38
Employee & 2 or more dependents on Basic Plan		\$2,152.71	\$1.25	\$2,153.96
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>				
Employee on Basic Plan		\$795.44	\$1.25	\$796.69
Employee & 1		\$1,590.88	\$1.25	\$1,592.13
Employee & 2 or more dependents on Basic Plan		\$2,386.32	\$1.25	\$2,387.57
<b>KAISER PERMANENTE - BASIC PLAN A</b>				
Employee on Basic Plan		\$718.07	\$1.25	\$719.32
Employee & 1		\$1,436.14	\$1.25	\$1,437.39
Employee & 2 or more dependents on Basic Plan		\$2,154.21	\$1.25	\$2,155.46
<b>KAISER PERMANENTE - BASIC PLAN B</b>				
Employee on Basic Plan		\$570.73	\$1.25	\$571.98
Employee & 1		\$1,141.45	\$1.25	\$1,142.70
Employee & 2 or more dependents on Basic Plan		\$1,712.18	\$1.25	\$1,713.43
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b>				
Employee on Basic Plan		\$458.07	\$1.25	\$459.32
Employee & 1		\$916.14	\$1.25	\$917.39
Employee & 2 or more dependents on Basic Plan		\$1,374.21	\$1.25	\$1,375.46
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>				
Employee on Basic Plan		\$1,292.89	\$1.25	\$1,294.14
Employee & 1		\$2,585.78	\$1.25	\$2,587.03
Employee & 2 or more dependents on Basic Plan		\$3,878.66	\$1.25	\$3,879.91
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>				
Employee on Basic Plan		\$899.05	\$1.25	\$900.30
Employee & 1		\$1,798.10	\$1.25	\$1,799.35
Employee & 2 or more dependents on Basic Plan		\$2,697.16	\$1.25	\$2,698.41
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN A</b>				
Employee on PPO Basic Plan		\$1,712.92	\$1.25	\$1,714.17
Employee & 1		\$3,425.83	\$1.25	\$3,427.08
Employee & 2 or more dependents on Basic Plan		\$5,138.75	\$1.25	\$5,140.00
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN B</b>				
Employee on PPO Basic Plan		\$1,542.05	\$1.25	\$1,543.30
Employee & 1		\$3,084.10	\$1.25	\$3,085.35
Employee & 2 or more dependents on Basic Plan		\$4,626.14	\$1.25	\$4,627.39
<b>DELTA DENTAL PREMIER - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$45.16	\$0.00	\$45.16
	Employee + 1	\$102.00	\$0.00	\$102.00
	Employee + 2 or more	\$102.00	\$0.00	\$102.00
For Health Net Plans	Employee	\$45.16	\$0.00	\$45.16
	Employee + 1	\$102.00	\$0.00	\$102.00
	Employee + 2 or more	\$102.00	\$0.00	\$102.00
For Kaiser Permanente Plans	Employee	\$45.16	\$0.00	\$45.16
	Employee + 1	\$102.00	\$0.00	\$102.00
	Employee + 2 or more	\$102.00	\$0.00	\$102.00
Without a Health Plan	Employee	\$45.16	\$1.25	\$46.41
	Employee + 1	\$102.00	\$1.25	\$103.25
	Employee + 2 or more	\$102.00	\$1.25	\$103.25
<b>DELTA CARE (PMI)</b>				
For CCHP Plans	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
For Health Net Plans	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
For Kaiser Permanente Plans	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
Without a Health Plan	Employee	\$29.06	\$1.25	\$30.31
	Employee + 1	\$62.81	\$1.25	\$64.06
	Employee + 2 or more	\$62.81	\$1.25	\$64.06